STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969286	**04/26/2018**
NAME OF PROVIDER OR SUPPLIER **JEAN CARLOS ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9760 MEMORIAL RD** **CUTLER BAY, FL 33157**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An initial licensure survey was conducted on . . . . . Jean Carlos with Limited Mental Health component license application had a deficiency identified at the time of the survey:

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview the facility failed to appoint an Administrator who was not already managing 3 facilities (Staff A).

Findings as follow:

A review of the Facility Finder database review showed the Administrator appointed by the facility already managed 3 facilities.

Background screening database review showed the Administrator administered 3 facilities.

On the facility owner stated he believed Staff A had been removed as Administrator from one of the facilities. He stated he would make the required change of Administrator in that facility.

Class III